



STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
85 – 7TH PLACE EAST, SUITE 500
ST. PAUL, MN 55101
PHONE: 651-539-1599
FAX: 651-539-0112

OFFICE USE ONLY

Date: _____ Course #: _____

☐ APPROVED ☐ DENIED ☐ RETURNED

BY _____

☐ DISTANCE LEARNING / SELF-STUDY or INTERACTIVE INTERNET

☐ CLASSROOM

☐ COMPANY-SPONSORED

Number of credits approved _____

FOR GENERAL INSURANCE CE

Short Form NOT ALLOWED for:

Flood, LTC/MA/PT, & Ethics.

(Please Note: This application, with fee, must be submitted at least 30 days before the initial proposed course date.)

FOR USE BY QUALIFIED PROVIDERS ONLY

Insurance Producers and Adjusters

CONTINUING EDUCATION COURSE APPROVAL APPLICATION **SHORT FORM**

INSURANCE COURSE INFORMATION

Course Title: _____
(Please Print or Type)

Initial Proposed Date(s) of Course: _____

PROVIDER/COORDINATOR INFORMATION This form can only be used by a bona fide trade association a degree-granting institution, or private school that as a Standard education provider applied for & received approval as a "Qualified" license continuing education provider that is currently active, and in good standing with the MN Dept. of Commerce.

Provider Name (In Full - Exactly as it appears on your MN approval letter):

**(REQUIRED) QUALIFIED
MN Provider ID #**

Provider Address:

City:

State:

Zip:

Provider Phone Number:

()

Provider Fax:

()

Provider Toll-Free:

()

Website:

Coordinator Name:

Coordinator Business Telephone:

()

(REQUIRED) Coordinator Business Email:

Federal Employer Identification Number **(REQUIRED)**
(FEIN):

APPLICATION FEE (Only check or money order accepted) License Type: **INSURANCE** (Adjuster and Producer)
New Course: \$10 per hour or a fraction of an hour. (Example: 1.5Hrs = \$20) Fractions not less than 15 minutes.

☐ If this Submission Contains Concurrent / Breakout Sessions fee submitted must include all sessions you are seeking approval for. (Must list & include fee for all hours you want reviewed; regardless of how many hours are awarded.)
45.23 LICENSE EDUCATION FEES. The following fees must be paid to the commissioner: (1) initial course approval, \$10 for each hour or fraction of one hour of education course approval sought.

(A) Total # of Requested Hours to Review: _____ **(B) Total # of Hours Requested for Licensee Credit:** _____

Fee Submitted for (A) Total # of Hours to Review: _____ **Check Number:** _____

COURSE CATEGORY

Providers may not use this short form for the **Flood, LTC/MA/PT, &/or Ethics** course credit.

Method of Presentation / Instruction:

Note: You may choose ONLY ONE Instruction Method per Application and Fee.

Attach an in-depth explanation of your Method of Presentation / Instruction along with this application.

Attach a login and password for review of any non-classroom course.

See **APPENDIX B** regarding internet interactive course requirements. See **APPENDIX C** regarding verifiable proctors.

☐ **Traditional Classroom**

☐ **Internet** (Must meet MN Requirements for Interactivity and include a process to authenticate the student's identity. The final examination must be either an encrypted online examination or a paper examination that is monitored by a proctor who certifies that the student took the examination. The student must not be allowed to review the course content once the examination has begun.) (See Appendix C)

☐ **WebEx** (Interactive) ☐ **Webinar** (Interactive) ☐ **Remote TV** (Interactive with audio)

(For every student, attendance must be physically monitored throughout the course and exam by the MN approved Coordinator for your Providership or physically monitored and certified by a verifiable Proctor.) (See Appendix D)

☐ **Self-study / Correspondence** - (The course content and time must be verifiable, and for every student, attendance must be physically monitored throughout the exam by the MN approved Coordinator for your Providership or physically monitored and certified by a verifiable Proctor.) (See Appendix D)

The following questions MUST be answered or application will be returned as deficient and full application will be required.

☐ **Is this provider also an insurance producer, agency, managing general agent, or insurance company in any state including MN? Yes: ☐ No: ☐**

- If yes, list the license type, license number, FEIN, state, and attach verifiable documentation **for each**.

Lic Type: _____, Lic Number: _____, FEIN: _____, State: _____

☐ **Will this course be offered or sponsored by, or affiliated with an insurance company, agent, agency, managing general agent, or insurance broker? Yes: ☐ No: ☐**

- If yes, please explain your answer below or attach additional paper as necessary.

Details: _____

☐ **Will this course be held on the premises of a company doing business in the regulated area? Yes: ☐ No: ☐**

- If yes, list the details and attach verifiable documentation.

Details: _____

☐ **Will this course be restricted to any particular group of people? Yes: ☐ No: ☐**

- If yes, list the details.

Details: _____

ALL Providers must check whether this course is categorized under any of the following conditions:

☐ This course leads to a nationally-recognized professional designation used by Insurance licensees.

Name of the professional designation spelled out: _____
Attach verification documents.

☐ This course has been approved by a State or Federal regulatory agency. **Attach a copy of the approval letter(s).**

State: _____ Agency or Board: _____ # of approved hours: _____

DETAILED, TIMED CONTENT OUTLINE

[illegible]

INSTRUCTOR

INSURANCE CONTINUING EDUCATION SHORT FORM COURSE APPLICATION INSTRUCTOR QUALIFICATIONS AND CONTACT INFORMATION PAGE

Copy and attach additional pages as needed; one for every continuing education course instructor.

Attach a Bio or Resume to this completed form.

Instructor Full Name:	
Address:	
City, State, Zip:	
Phone Number:	Business Email Address: (Required)
Do you hold an insurance license in any state, including MN? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach list of license number, state, and status.	
Resident Insurance License #	& Name of Resident State
Insurance License #	& Name of State
Has instructor applicant ever had any occupational / professional license in any state including Minnesota that has been suspended, revoked, or terminated, or been the subject of inquiry or investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and detailed explanation signed & dated by instructor.	
Has instructor applicant ever been convicted of a felony or gross misdemeanor, or been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and detailed explanation signed & dated by instructor.	
Mandatory Qualifications (<i>Please check one below</i>) Minn. Stat. Chapter 45.32. Subd.2. Qualified Continuing Education instructors must have one of the following qualifications. <input type="checkbox"/> a four-year degree in any area plus two years practical experience in the subject area being taught; <input type="checkbox"/> five years of practical experience in the subject area being taught; or <input type="checkbox"/> a college or graduate degree in the subject area being taught.	

Note: This form can only be used by a bona fide trade association a degree-granting institution, or private school that as a Standard education provider applied for & received approval as a "Qualified" license CE provider that is currently active, and in good standing with the MN Dept. of Commerce.



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QUALIFIED PROVIDERS ONLY
MUST COMPLETE THIS SECTION

Check All That Apply - Mandatory:

☐ bona fide trade assoc ☐ degree-granting institution ☐ private school

☐ **Type of Course: Insurance**

☐ Providership is an insurance company, agent, agency, managing general agent, or insurance broker

☐ course is closed to the public

☐ **Type of Course: Real Estate**

Not allowed for Appraiser Providers or Courses

ACTIVE QUALIFIED PROVIDER # _____

DATE SUBMITTED _____

Note: This completed certification form must be included with any initial "short form" course submission if automatic course approval is requested by a Qualified Provider or the automatic approval will not granted.

Qualified Provider Course Certification Form

Qualified Provider Name _____

(Mandatory) (Exactly as listed on Qualified Provider approval letter.)

Course Name _____

(Mandatory) (Exactly as listed on attached Short Form Course application.)

Continuing Education Provider - Coordinator Certification and Signature Page:

As the Qualified Provider:

I understand that all course short form applications must be submitted at least 30 days before the requested initial course offering date.

I understand and guarantee that all required documents and forms listed on the required documents (Appendix A) page of the continuing education short form course application must be complete and available for audit at the time of my submission; that all content of the submissions are auditable as of the submission date.

I understand and guarantee that my courses comply with all applicable license education Minnesota Statutes including but not limited to Minn. Stat. Chapter 45.30 Subd 1. Content. Continuing education consists of approved courses that impart appropriate and related knowledge in the field for which approval is requested; and courses may not include topics that are not permitted for continuing education as set fourth in Minn. Statute Chapter 45.30. Subd. 5.

I understand and guarantee that for distance learning courses (1) If internet, it meets all current MN interactive internet guidelines. (2) If self-study, it meets all current MN guidelines; that it is verifiable and meets current MN acceptable Proctor guidelines.

***I understand that I may only apply for automatic course approval for courses that are not required by federal criteria or a reciprocity agreement to receive a substantive review; that all other courses must be submitted in full as for a Standard Provider.**

I certify that I am the Minnesota Dept. of Commerce approved primary education coordinator for the provider listed above and that I am responsible for compliance with all Minnesota education laws and regulations located in Minn. Stat. 45, Minn. and/or Stat. 60K, Minn. Stat. 72B or Minn. Stat. 82. Furthermore, I declare that the information provided above is true and complete, that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation and that this document has not been changed in any manner from the form adopted by the Commerce Department.

Printed name of MN Primary Coordinator: _____
 (Mandatory)

Signature of MN Primary Coordinator: _____ **Submission Date:** _____
 (Mandatory) (Mandatory)

***Appraiser Only:** Due to Federal regulations, MN must give a substantive review to all appraiser courses so qualified provider & automatic course approval is not allowed.

***Insurance Only:** MN is required to give a substantive review of any course for a MN resident insurance provider or for any course submitted by a non-resident insurance provider who does not have the course in question approved in their home state (or designated home state). Any course given automatic course approval is not allowed to be used for reciprocal application in another state. The course "must" be reapplied for "as new" and receive "substantive reviewed approval" in order to apply in another state for insurance reciprocal approval. *** Automatic approval can not be given to MN Required Courses: Flood, LTC/MA/PT, & Ethics.

***Real Estate Only:** MN is required to give a substantive review to any course requesting Fair Housing or Agency Law credit or any future "modular" course assignment.

Appendix A
REQUIRED DOCUMENTS & FORMS
SHORT FORM ONLY

APPLICANTS: You must attach a completed Qualified Provider Course Certification Form to this completed short form course application certifying that every item listed below is complete and available for audit at the time of your submission. **Except for items C 1, C3, and C 4, you do NOT need to submit the items below unless we request them.**

A. Course Materials

1. *Course Description* – detailed description of course content
2. *Learning Objectives* – detailed description of objectives for the students to learn
3. Detailed Course Outline – timed in 15 minute increments (**If multiple Instructors, identify section of outline for each Instructor**).
4. Attach an in-depth explanation of your Method of Presentation / Instruction
5. *Instructional Material for Instructors* – overheads, PowerPoint, etc. (if used, you must attach them, if none are used, put it in writing)
6. *Instructional Material for Students* – textbooks, notebooks, guides, etc. If textbooks are not used, you must hand out a *Syllabus* to each student in the class. *Textbooks must contain the same detailed information as the Syllabus. Please see Syllabus page for guidelines.*
7. *Examination and Answer Key* – (if exam is given a copy of the entire bank of questions must be attached, if no exam is given, you must state that) (**Note that a closed book end of course exam is required for all non-classroom courses.**)

B. Provider Policies

1. **Course Prerequisites** – If there are none, put it in writing.
2. **Regarding Instructor Qualifications:** Attach statement that ALL instructors meet or exceed the instructor requirements as stated in Minn. Statute Chapter 45.32.

Read Minn. Law Chapter 45.32 before you submit your application.

Classroom: Any individual speaking to licensees during your course is considered an instructor.

Distance Learning: Any individual speaking at a “live” distance learning course is considered an instructor.

Interactive Internet: For the purposes of this section **any author** of an internet course is considered an instructor.

Distance Learning & Interactive Internet: For the purposes of this section **any** individual used as a contact for students to answer questions regarding a course is considered an instructor.

3. **Attendance:**
 - How do you verify attendance **throughout** the course for **Classroom**? How do you physically monitor the students? Include a description.
 - How do you verify attendance **throughout** the course for **Distance Learning**? Certification is required. What type of certification method do you use? Include a description.
4. **Cancellation & Refund** – Attach a copy of your required course cancellation and refund procedures.
Note: If no fees are charged attach details as to who pays the fee.

C. Assorted Attachments - Attach copy of:

1. **Internet Address, Login & Password for any Distance Learning course.**
2. Students' Course and Instructor Evaluation Form
3. **ALL Course Instructors' Resumes or Bios (Note: All speakers are considered instructors)**
4. **Course Schedule**
5. Proposed Advertising – if there is no advertising, you must state that.

(NOTE: This page does NOT need to be sent in as part of the application submission.)

Appendix B

Minnesota Department of Commerce (DOC) Interactive CE Training On-Line Basic Requirements

MN Statute effective 7.1.10

45.306 CONTINUING EDUCATION COURSES OFFERED OVER THE INTERNET.

Subd. 2. Interactive Internet course requirements.

An interactive Internet continuing education course must:

- (1) specify the minimum system requirements;
- (2) provide encryption that ensures that all personal information, including the student's name, address, and credit card number, cannot be read as it passes across the Internet;
- (3) include technology to guarantee seat time; (*See clarification below.)**
- (4) include a high level of interactivity;
- (5) include graphics that reinforce the content;
- (6) include the ability for the student to contact an instructor within a reasonable amount of time;
- (7) include the ability for the student to get technical support within a reasonable amount of time;
- (8) include a statement that the student's information will not be sold or distributed to any third party without prior written consent of the student. Taking the course does not constitute consent;
- (9) be available 24 hours a day, seven days a week, excluding minimal down time for updating and administration, except that this provision does not apply to live courses taught by an actual instructor and delivered over the Internet;
- (10) provide viewing access to the online course at all times to the commissioner, excluding minimal down time for updating and administration;
- (11) include a process to authenticate the student's identity;
- (12) inform the student and the commissioner how long after its purchase a course will be accessible;
- (13) inform the student that license education credit will not be awarded for taking the course after it loses its status as an approved course;
- (14) provide clear instructions on how to navigate through the course;
- (15) provide automatic bookmarking at any point in the course;
- (16) provide questions after each unit or chapter that must be answered before the student can proceed to the next unit or chapter;
- (17) include a reinforcement response when a quiz question is answered correctly;
- (18) include a response when a quiz question is answered incorrectly;
- (19) include a final examination;
- (20) allow the student to go back and review any unit at any time, except during the final examination;
- (21) provide a course evaluation at the end of the course. 10.1 At a minimum, the evaluation must ask the student to report any difficulties caused by the online education delivery method; and
- (22) provide a completion certificate when the course and exam have been completed and the provider has verified the completion. Electronic certificates are sufficient.

Subd. 3. Final examination. The final examination must be either an encrypted online examination or a paper examination that is monitored by a proctor who certifies that the student took the examination. The student must not be allowed to review the course content once the examination has begun.

***45.306 Subd2. (3)** While seat time is a definite requirement and you must include technology to guarantee it, this does not mean that to accomplish it, a licensee should be sitting in front of a computer waiting for X number of hours to pass. The course itself must contain the right amount of interactive instruction content to take the same X number of hours, or more, as requested by the provider. If a provider is asking for 2 hours of credit, that course must take a licensee 2 hours, or more, of interactive learning to complete. This also means that your course must have the technology to time out (automatically log out) if a licensee leaves the computer inactive for more than ten minutes so that they cannot log in and then walk away from the computer for the 2 hours and receive credit.

(NOTE: This page does NOT need to be sent in as part of the application submission.)

Appendix C

Minnesota Basic Requirements for Finding an Acceptable Proctor for Exams or Courses:

Distance Learning has strict policies regarding proctor selection. **An acceptable proctor is a disinterested third party with no conflict of interest who verifies a student's identity and processes an affidavit testifying that the student received no outside assistance with the course or examination.** Relatives, spouses, friends, neighbors and co-workers are not acceptable proctors. Proctors may not have any perceived financial relationship to the student.

Note: For each student, the chosen proctor is required to submit *original signed and dated verification information to the MN approved Education Coordinator immediately after the conclusion of the course or exam. Education Coordinators must keep these documents along with all other records relating to course offerings, for a period of three years from the date on which the course or exam was completed. The Coordinator must make these records available to the commissioner upon request.

*For continuing education courses only, verifiable Electronic Proctor Affidavits are acceptable.

Some Examples of Acceptable Proctors Include But are Not Limited To:

- The teaching staff of an accredited institution of higher education such as a community college, college, or university. **Please submit a page from the institution's directory, catalog or web address that lists the proctor's name and title and institution's name.**
- For members of the Armed Forces, a military base education officer may proctor your course or exam attendance. If there is not a representative in this capacity, a base librarian or commissioned officer of higher rank than the student is acceptable. **A letter on official letterhead from the base commander verifying the proctor's position must be submitted.**
- ~~Your employer's Human Resources Director or Manager may proctor your course or exam attendance. Please submit a letter on company letterhead from the Human Resources Department verifying the proctor's position.~~ **No longer allowed because of perceived financial relationships.**
- A high school superintendent, supervising principal or other administrator within your local school system. **A letter from the superintendent or principal on official letterhead must be submitted.**
- A librarian within your local school or public library system. **A letter from the proctor on library system letterhead must be submitted.**

MN Statute effective 7.1.10

45.25 DEFINITIONS. Subd. 12.**Proctor.** "Proctor" means a disinterested third party with no conflict of interest who verifies a student's identity and **processes an affidavit** testifying that the student received no outside assistance with the course or examination.

(NOTE: This page does NOT need to be sent in as part of the application submission.)